

IAED Recommendations Regarding Ebola Virus Disease and Travelers Received from West Africa

This document outlines current facts and IAED recommendations regarding the recent Ebola Virus Disease outbreak in West Africa for AMPDS users

Background on the current Ebola Virus outbreak

The Center for Disease Control (CDC) is currently working with the World Health Organization (WHO), the ministries of health of Guinea, Liberia, and Sierra Leone, and other international organizations in response to an outbreak of Ebola virus disease (EVD) in West Africa. **No EVD cases have been documented outside of West Africa to date.**

As of August 1, 2014, according to WHO, a total of **1,603** cases and **887** deaths (case fatality 55-60%) had been reported across the four affected countries. This is the largest outbreak of EVD ever documented and the first recorded in West Africa.

Although the disease is rare, it can spread from **person to person**, especially among health care staff and other people who have **close contact** with an infected person. EVD is spread through **direct contact with blood or body fluids** such as, but not limited to, the blood, urine, sweat, semen, breast milk, saliva, feces or urine of an infected person or animal, or through contact with objects that have been contaminated by these body fluids (e.g., syringes) of an infected person.

Symptoms

The incubation period for EVD (from exposure to when signs or symptoms appear), ranges from **2 to 21 days** (most commonly 8-10 days).

- Early symptoms include **sudden fever, chills, and muscle aches**.
- Around the fifth day, a **skin rash** can occur. **Nausea, vomiting, chest pain, sore throat, abdominal pain, and diarrhea** may follow.
- Symptoms become increasingly severe and may include **jaundice (yellow skin)**, severe **weight loss, mental confusion, bleeding inside and outside the body, shock, multi-organ failure** and **death**. The fatality rate can vary from 40-90%.

A fever in a person who has traveled to or lived in an area where EVD is present is likely to be caused by a more common infectious disease. However, it is strongly recommended that such a person should be evaluated by a health care provider to rule out an EVD infection.

Prevention

The prevention of EVD infection includes measures to avoid contact with blood and body fluids of infected individuals.

IMPORTANT: Alert the crew of any vehicle dispatched to a caller or patient who is symptomatic of EVD to ensure that necessary infection control precautions and policies are followed.

All receiving health care facilities should be notified, in advance, when a suspected case of EVD is to be transported to the facility.

Patients can transmit the virus while febrile and through later stages of disease, as well as postmortem, when persons touch the body during funeral preparations.

Healthcare providers should be alert for and evaluate suspected patients for EVD infection who have both consistent symptoms and risk factors as follows:

Clinical criteria, which includes **fever** and additional symptoms such as **severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage**;

AND

Epidemiologic risk factors within the past **3 weeks (21 days)** before the onset of symptoms like contact with blood or other body fluids of a patient known to have or suspected to have EVD; **residence in—or travel to—**an area where EVD transmission is active (**West Africa**); or direct handling of bats, rodents, or primates from disease-endemic areas.

The CDC recommends testing for all persons with onset of fever within 21 days of having a high-risk exposure. A high-risk exposure includes any of the following:

- Percutaneous or mucous membrane exposure, or direct skin contact with body fluids of a person with a confirmed or suspected case of EVD without appropriate personal protective equipment (PPE),
- Laboratory processing of body fluids of suspected or confirmed EVD cases without appropriate PPE or standard biosafety precautions, or
- Participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate PPE.

The Severe Respiratory Infection (SRI) Tool

All ProQA users have access to the Severe Respiratory Infection tool—developed and approved by the International Academy of Emergency Dispatch (IAED) Chemical, Biological, Radiological, & Nuclear (CBRN) Committee—which has had an update applied to version 12.1 and 12.2 of the MPDS Protocol). This tool covers recent travel and all likely symptoms of Ebola (the last update was in May when the Middle East Respiratory Syndrome “camel flu” scare was active and travel was a concern for that illness). The SRI tool can be accessed at any time, in any active ProQA case. It is designed to electronically capture all relevant disease symptoms, as well as the patient’s recent travel history.

As with our past position: the SRI Tool can be utilized by any agency that has approval from their Medical Director. Typically, we recommend the call be processed through Case Entry and Key Questions and a Final Code be generated as per standard practice. At that point, if the patient has symptoms consistent with EVD (as approved by local medical control), and the caller has mentioned epidemiologic/travel risk factors (as approved by local medical control), the EMD should select the SRI Tool to complete the interrogation. For EVD, the Chief Complaints we recommend for use of the SRI tool are those that represent typical flu-like symptoms and unexplained bleeding: Protocol 26 Sick Person, Protocol 6 Breathing Problems, Protocol 18 Headache, Protocol 10 Chest Pain, and Protocol 21 Hemorrhage (MEDICAL).

This additional interrogation may extend the total calltaking time for those patients presenting initially with related symptoms and risk factors, but will not impact the time it takes to post a call for dispatch, or notify responders, as long as the SRI Tool is launched after Final Coding is complete. This additional questioning may identify potential EVD patients and allow for appropriate notification to responders and receiving hospitals etc., and for the modification of local response assignment and/or referral policies and procedures. The use of the SRI Tool also enables the notification of governmental healthcare organizations on a local, national, and/or international level.

The IAED website link is: www.emergencydispatch.org

References:

1. Center for Disease Control (CDC). Ebola Hemorrhagic Fever 31 July 2014
2. European Centre for Disease Prevention and Control Epidemiological update: Outbreak of Ebola Virus Disease in West Africa 17 July 2014
3. HSC Public Health Agency. Ebola virus disease 30 July 2014 Health Protection United Kingdom
4. World health Organization (WHO) Director-General, west African presidents to launch intensified Ebola outbreak response plan 31 July 2014